## Voter Registration Application for

## County

Use this form to: Register to vote or report a name, address or party change. Please print. Complete entire form. Return this form to your county auditor.

Are you a citizen of the United States of America?

Yes No

Will you be 18 years of age on or before election day? Yes No If you checked 'no' in response to either of these questions, do not complete this form.

Last	First		Middle	Middle		
Residence Address	Apt or Lot #	City/Town		State	Zip	
Mailing Address (if different)		City/Town		State	Zip	
If residence address is a post office borresidence:	x, rural box, or genera	l delivery, you	ı must give the l	ocation o	of your	
Print previous name, if changed:						
Driver License Number Required:			State of driver license issue:			
(If you do not have a valid driver license, you must give the last four digits of your so Please register me as a member of the			Birth Date: Phor		ne Number:	
* I have not been judged mentally incor * I am not currently serving a sentence suspended, in an adult penitentiary s * I authorize cancellation of my previou	for a felony conviction system.  Is registration as writte	n below.	led imprisonmer	nt, served	or	
Dated	Voter Sign	Voter Signature:				
For county auditor's office use only:						
Ward Precinct Water	Leg	Comm	Townshi		I Other	
	oter Registration		•			
I wish to be registered as shown		registered	with the follow	ving nai	me and	
address which will be cancelled:	First		Middle		Select One:	
Last	l list		ivildale		Select Offe.	
Previous Address		City/Town	,	State	Zip	
County:		Birth Date:	Driver	er license number:		
Dated	Voter Sigr	Voter Signature:				

The deadline for registration is 15 days before any election. Your form must be received by the auditor by this deadline if you are to vote in the next election.